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OF PAGES (INCLUDING COVER):

FILE NAME: ALLE0027-100 / 17641

DATE: March 22, 2005

FILE #: 160307

RECIPIENT(S)	PHONE	FAX
USPTO		703-872-9306

Application No.: 10/754,364
Entitled: METHODS FOR TREATING VASCULAR DISORDERS
Filing Date: January 8, 2004
First Named Inventor: Mitchell F. Brin
Art Unit: 1651
Examiner Name: Lora Elizabeth Barnhard
Confirmation No. 7607

Papers: Transmittal Form; Fee Transmittal Form; Amendment And Request For Reconsideration

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/754,364
	Filing Date	January 8, 2004
	First Named Inventor	Mitchell F. Brin
	Art Unit	1651
	Examiner Name	Lora Elizabeth Barnhart
Total Number of Pages in This Submission	Attorney Docket Number	ALLE0027-100 (160307) / 17641

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Quan L. Nguyen		
Date	March 22, 2005	Reg. No.	46,957

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Signature			
Typed or printed name	Quan L. Nguyen	Date	March 22, 2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).		Complete If Known	
FEE TRANSMITTAL for FY 2005		Application Number	10/754,364
		Filing Date	January 8, 2004
		First Named Inventor	Mitchell F. Brin
		Examiner Name	Lora Elizabeth Barnhart
		Art Unit	1651
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	ALLE0027-100 (160307) / 17641
TOTAL AMOUNT OF PAYMENT (\$)		0	

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :☒ Deposit Account Deposit Account Number: 60-1275

Deposit Account Name: Cozen O'Connor

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
0 -20 or HP=	0 x 0 =	0
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
0 -3 or HP=	0 x 0 =	0
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

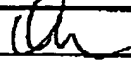
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,897	Telephone	215-665-2158
Name (Print/Type)	Quan L. Nguyen	Date	March 22, 2005		

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MAR 22 2005 **PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Examiner:
Mitchell F. Brin	BARNHART, Lora Elizabeth
Serial No.: 10/754,364	Group Art Unit: 1651
Filed: January 8, 2004	Confirmation No. 7607
For: METHODS FOR TREATING VASCULAR DISORDERS	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT AND REQUEST FOR RECONSIDERATION

In response to the Non-Final Office Action mailed January 24, 2005, and March 14, 2005, in connection with the above-identified patent application, Applicant respectfully requests entry of the following amendments and reconsideration of the rejections of record in view of the remarks provided below.